



INSTRUCTIONS: Please complete **all** sections of this form and forward to the Program Secretary for the course.

Do not assume that you have been accepted for this course until you have received a confirmation letter from the Department of Justice, Advanced Training Center.

COURSE INFORMATION

| | | |
|------------------------------------|----------------------|-----------------|
| NAME OF COURSE | | |
| LOCATION (preference) | DATES (first choice) | ALTERNATE DATES |
| REASON FOR REQUESTING THIS COURSE: | | |

PARTICIPANT INFORMATION *(please print clearly or type)*

| | | |
|---|--|--------------------|
| NAME | | |
| SOCIAL SECURITY NUMBER | RANK | |
| E-MAIL ADDRESS | PHONE NUMBER (Participant) | PRESENT ASSIGNMENT |
| AGENCY | MAILING ADDRESS (Street or P.O. Box, City, State, Zip) | |
| TRAINING OFFICER | PHONE NUMBER (Training Officer) | FAX NUMBER |
| THIS IS TO CERTIFY THAT THE ABOVE PARTICIPANT IS A FULL-TIME, SALARIED MEMBER OF THIS DEPARTMENT | | |
| NAME OF DEPARTMENT HEAD | | SIGNATURE |

EMERGENCY NOTIFICATION (Required)

| | | |
|------------------------------------|--------------|------------------|
| NAME | RELATIONSHIP | TELEPHONE NUMBER |
| ADDRESS (Street, City, State, Zip) | | |

PRIVACY STATEMENT: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL 93-579); however, the Social Security Number is used to maintain records on training requested and attended by students.